

SERFF Tracking Number:	NWPA-125837541	State:	Arkansas
Filing Company:	Nationwide Life and Annuity Insurance Company	State Tracking Number:	40436
Company Tracking Number:	NWLA-376-AO		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Insured's Wellness and/or Health Care Services Endorsement		
Project Name/Number:	/		

Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company

Product Name: Insured's Wellness and/or Health Care Services Endorsement SERFF Tr Num: NWPA-125837541 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40436

Sub-TOI: L08.000 Life - Other

Co Tr Num: NWLA-376-AO

State Status: Approved-Closed

Filing Type: Form

Co Status: Pending

Reviewer(s): Linda Bird

Authors: Todd Beshara, Andrea Sgobbo, Grace Holland, LaToyia Martin, Leonja Merritt, Clara Pollard, Natalie Walden, Darcy Spangler

Disposition Date: 10/10/2008

Date Submitted: 10/02/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form NWLA-376-AO, Insured's Wellness and/or Health Care Services Endorsement

NAIC#: 92657

Enclosed for filing, subject to your approval, is form NWLA-376-AO. This is a new form and will not replace any existing

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form. This endorsement will be issued with both existing and new issues of our Flexible Premium Adjustable Universal Life Insurance Policies and Flexible Premium Variable Adjustable Universal Life Policies.

This endorsement will inform a Policy Owner that we may offer the Insured access to certain health and/or wellness programs and services. There is no additional charge or required Premium for programs or services offered pursuant to this Endorsement. Such programs and/or services will be offered on all eligible policies on a uniform and not unfairly discriminatory basis.

This form has been written in a readable fashion and has a Flesch score of 40.4; however, when combined with the policy the score is greater than 50.

Thank you for your prompt attention to this filing. Please feel free to call me collect if you have any questions.

Clara J. Pollard
Senior Analyst
Life Product Approvals &
Contract Management, 1-102-33
Phone: (800) 691-0023 ext. 94507
Fax: (614) 249-2112
E-Mail: pollarc@nationwide.com

Enclosures:

1. Filing Fee
2. Certifications
3. Form NWLA-376-AO, Insured's Wellness and/or Health Care Endorsement

Company and Contact

Filing Contact Information

Clara Pollard, Sr. Analyst
One Nationwide Plaza

pollarc@nationwide.com
(614) 249-4507 [Phone]

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Columbus, OH 43215

Filing Company Information

Nationwide Life and Annuity Insurance Company	CoCode: 92657	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type:
1-10-03		
Columbus, OH 43215	Group Name:	State ID Number:
(800) 882-2822 ext. [Phone]	FEIN Number: 31-1000740	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per filing or if domicile state fee is greater, we will accept the domicile state fee. The domicile state, Ohio fee is the same.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life and Annuity Insurance Company	\$50.00	10/02/2008	22882926

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/10/2008	10/10/2008

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Product Name: *Insured's Wellness and/or Health Care Services Endorsement*
Project Name/Number: */*

Disposition

Disposition Date: 10/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Insured's Wellness and/or HCS Endorsement		Yes

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Form Schedule

Lead Form Number: NWLA-376-AO

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NWLA-376-AO	Policy/Cont	Insured's Wellness ract/Fratern and/or HCS al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40	NWLA-376-AO.pdf

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
One Nationwide Plaza
Columbus, Ohio 43215-2220
Insured's Wellness and/or Health Care Services Endorsement

General Information Regarding this Endorsement

This Insured's Wellness and/or Health Care Services Endorsement ("Endorsement") revises the terms and conditions of the policy to which it is attached. To the extent the terms of the Policy and this Endorsement are inconsistent, the terms of this Endorsement shall control. Non-defined terms shall have the meaning given to them in the Policy.

There is no additional charge or required Premium for programs or services offered pursuant to this Endorsement.

Purpose

The purpose of this Endorsement is to inform the Policy Owner that, from time to time, we may offer the Insured access to certain health and/or wellness programs and services.

Programs and Services

The programs and services may include, but are not limited to, access to service provider referral networks, benefit consultation services and/or wellness programs. Such programs and/or services will be offered on all eligible policies on a uniform and not unfairly discriminatory basis.

We may arrange for third parties to provide and/or administer such program or service.

When provided through a third party, general terms and conditions regarding a program or service are determined by the third party service provider. We are not liable for negligent acts or omissions of such third party service providers. Participation in such program or service is voluntary.

Availability and Termination

Programs and services provided under this Endorsement are subject to availability and may be modified, suspended, or terminated upon providing you with written notice. In addition, any program or service will terminate upon termination of the Policy.



Secretary



President

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/30/2008

Comments:

Attachments:

AR Cert Reg 33.pdf

AR Readability Cert.pdf



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life and Annuity Insurance Company

Form Numbers: NWLA-376-AO

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 33, particularly Articles IV, VII, IX, and XI.

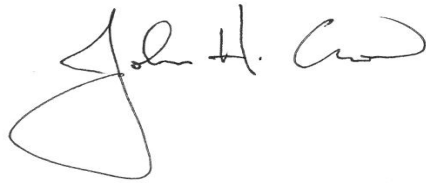
These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, appearing to read "John H. Crow".

John H. Crow, ChFC, CLU, FLMI
Associate Vice President
NF Compliance
Date: 10-02-08

Certification

This is to certify that the attached Insured's Wellness and/or Health Care Services Endorsement
Form No. NWLA-376-AO has achieved a Flesch Reading Score of 40.4
respectfully and complies with the requirements of Ark. Stat. Ann §§ 23-80-204 and 23-80-206(d) of the
Life and Disability Insurance Policy Language Simplification Act.



Signature

John H. Crow, Associate Vice President
Officer and Title

Nationwide Life and Annuity Insurance Company
Name of Company

10/02/08
Date